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CENTRAL INTELLIGENCE AGENCY

REPORT NO. [REDACTED]

# INFORMATION REPORT

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COUNTRY Germany (Russian Zone)

DATE DISTR. 16 August 1951

SUBJECT Medical Problems in the DDR

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NO. OF ENCLS. 1 (20 pages)  
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DATE OF ACQUISITION

SUPPLEMENT TO REPORT NO.

25X1X

25X1A

Attached for your information is the translation of a report concerning medical problems in the Russian Zone of Germany. This report is sent to you on loan in the belief that it may be of interest. Kindly return it at your convenience.

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Report.

1 April 1951.

A new regulation is being prepared in the German Democratic Republic which will make veterinarians government employees in <sup>the</sup> future. It is intended <sup>not</sup> ~~to~~ to allow any more veterinarians to have a private practice, but they will have to work as employees of the Kreis administrations. These civil service veterinarians will then receive a salary of 1,000 marks monthly, which will be paid by the Kreis Council. The required money will be ~~provided~~ made available by the agricultural department of the state-owned insurance companies, ~~which will also finance~~ which will also finance the Kreis veterinarian <sup>9-4</sup> for the Kreis. Furthermore, the Kreis has the obligation to take over and purchase the veterinary instruments as well as the private cars, and to amortize them within five years.

In regard to organization, one Kreis veterinary will be subordinated to the Kreis Cooperative (Genossenschaft) of the Farmers' Mutual Aid Society. In a larger Kreis, several villages will be combined into a so-called Sprengel Cooperative, which will have one special veterinarian for <sup>itself</sup> ~~themselves~~, who will be subordinated to the Kreis veterinarian. In addition, so-called veterinary aides (Tiergesundheitswarte) have been trained in the schools of the Farmers' Mutual Aid Society, and they will be assigned to assist the Sprengel doctors. The cost of this reorganization will be paid by the Land insurance companies, which will collect special premiums ~~on~~ land-owner for an animal epidemic insurance. Every farmer <sup>land-owner</sup> is compelled to carry this kind of insurance, and the annual premium rates are based on the size of the (owned) land. On the one hand, it is calculated according to the number of large cattle, and on the other hand, according to the number of hectares owned. The whole insurance is figured <sup>(i.e. farmers with large holdings)</sup> in a manner to make the big farmers carry the load, while the new farmers are exempt from paying any premium. For farms of less than five hectares no premiums need to be paid regardless of the size of the farm or the number of large cattle. The premiums go up according to the size of the farm and reach a maximum of 11 marks per hectare and 20 marks per large <sup>animal</sup> ~~cattle~~ for farmers owning more than 50 hectares.

It is the opinion of experts that farmers owning more than 20 hectares of land will thus giving not be able to pay their insurance premiums, ~~and therefore~~/additional ways and means to exert pressure ~~xxxxxxxxxxxxxxxx~~ on them.

Report.

8 April 1951.

1. As of July 1, 1951, a new agreement to regulate ~~the medical~~ <sup>private</sup> medical service <sup>lie, medical service outside of hos-</sup> in <sup>pitals,</sup> Sachsen, <sup>or perhaps</sup> ~~the~~ the whole German Democratic Republic, ~~will~~ <sup>in connection with the</sup> will go into <sup>health in-</sup> effect. This agreement will be decided on during a physicians conference on <sup>syndr</sup> 15 April 1951.

The basic change in this new agreement will be the fact that physicians will no longer ~~be~~ be paid ~~any more~~ according to the type and the extent of the sickness, but according to the number of patients treated. Accounts will be figured out after the end of the quarters, which will create difficulties for physicians with x large numbers of patients.

Under this arrangement, <sup>quarterly</sup> ~~at this occasion~~ only one sick statement will be issued to insured people.

A notation will be made in the ~~xxx~~ work-books of workers and employees and on the personal identification card of tradesmen regarding the issuance of a sick statement. Later on, this notation should be made on a health card (Gesundheitspass).

2. The lack of medications in the Soviet Zone of Occupation is getting more catastrophic all the time. Since the known medications ~~xx~~ for ~~a~~ <sup>grippe</sup> are not available any longer, the Dresden Land Health Office has decided to issue regulations for treating grippe with medications still available in the German Democratic Republic. ✓

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3. In the city hospital in Dresden-Friedrichstadt no X-ray films have been ~~avail-~~ <sup>6-1</sup> able for more than seven weeks, thus making it impossible to treat patients properly.

Dr. Skrobeck, the new chief physician for TB-patients in the Friedrich <sup>start</sup> ~~city~~ hospital, is no longer in a position to <sup>take</sup> ~~XXXXXX~~ X-rays and use ~~•~~ pneumothorax on the sick.

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Trade Union<sup>for</sup> Health Service  
Dresden Office  
Org.-Instructors Dept.

Dresden N6, 21 March 1951.

Grosse Weissner Strasse 15.

Section C - Physicians

~~A. SECRET~~ <sup>A</sup> Meeting for All Physicians with a Private Practice

will take place on Wednesday, 28 March 1951, at 1800 hours, in the auditorium of the city hospital<sup>in</sup> Dresden-Friedrichstadt. Subject: The new agreement, mentioned below; ~~and the~~ detailed discussions will follow. 6-1

Circular No. 3/51

Preliminary discussions regarding a new

Agreement to Regulate <sup>Private</sup> ~~the~~ Medical Service

in the German Democratic Republic took place on 24 February and 3/4 March 1951 in Berlin, at the Central Office of the Trade Union Health Service (Zentralvorstand der Gewerkschaft Gesundheitswesen).

Present were: Representatives of parties to the agreement, namely the Ministry of Health of the German Democratic Republic, the Central Office of the Social Insurance Institutions of the German Democratic Republic, and the Central Office of the Trade Union<sup>for</sup> Health Service, assisted by the five Land organizations and the coopting physicians and dentists and their accounting specialists. In addition, colleagues from all branches, and from all of the German Democratic Republic, who do their own accounting were called in on the discussion regarding new fees.

It is an innovation that in<sup>the</sup> future there will be only one contract regulation regarding the <sup>private</sup> ~~medical~~ medical services (meaning the activity of <sup>established</sup> ~~existing~~ physicians, dentists, and midwives) in the German Democratic Republic. This agreement will replace all the various Land contracts and agreements.

Since discussions will take place <sup>everywhere</sup> ~~in~~ within the next few weeks regarding the new agreement, we enclose a draft of it which will make it possible for all colleagues to get acquainted with the subject.

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We stress ~~again~~ the point that this is only a D r a f t.

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Agreement to Regulate <sup>Private</sup> ~~Medical~~ Medical Service  
=====

The following agreement is being made between the Ministry of Health of the German Democratic Republic, the Central Office of the Trade Union <sup>for</sup> Health Service, and the Central Office of the Social Insurance Institutions, for the area of the German Democratic Republic.

Par. 1

The parties to this agreement, namely the Ministry of Health as the responsible representative of the government to supervise the carrying out of medical aid, the Central Office of the Trade Union <sup>for</sup> Health Service as representative of the physicians, dentists, pharmacists, midwives, and medical aid personnel involved in carrying out medical aid, and the Central Office of the Social Insurance Institutions as the party responsible for securing free medical help, have the mutual task <sup>of</sup> ~~to~~ developing and furthering medical aid as the most important part of a progressive health service, which will substantially realize the population's right <sup>to</sup> ~~for~~ the protection of its health.

Par. 2

In order to fulfill this task the following will be done:

2(1) The Health Administration will take <sup>care</sup> ~~of~~ of

- a) the financing, in accordance with the budget,
- b) the supervision and guidance of physicians in their fulfillment of their professional duties,
- c) the supervision of medical aid,

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- d) the training and advanced training of physicians and medical aid personnel;
- e) the administration, enlargement, and improvement of health installations for medical aid in accordance with the economic plan, and
- f) cooperation in carrying out the agreement.

(2) The Trade Union <sup>for</sup> Health Service will take care of:

- a) the safeguarding of professional interests of physicians, dentists, pharmacists, midwives, and medical aid personnel,
- b) cooperation in carrying out the tasks of the Health Administration and the Social Insurance, and
- c) cooperation in carrying out the agreement.

(3) The Social Insurance will take care of:

- a) the financing of the cost of medical aid in accordance with the law, especially the budget plan,
- b) support the Health Administration in carrying out medical aid, and
- c) cooperation in carrying out the agreement.

Par. 3

The activities of physicians and dentists, as well as <sup>those of</sup> the aides working under their supervision, are regulated in Enclosure No 1 of the enclosed Regulations for ~~the~~ <sup>Private</sup> Medical Service.

Par. 4

- (1) Physicians and dentist who do not abide by these regulations will be held responsible for any damages thereby caused.
- (2) Physicians and dentists are compelled to report the names of patients to the competent local offices, who ~~do not~~ repeatedly disobey their orders or the health regulations.

The Social Insurance is compelled to make quick decisions regarding these complaints and to notify the complainant of the decision.

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CONSTITUTIONAL RIGHTS  
Par. 5

- (1) Complaints <sup>by the patients</sup> ~~regarding the sick~~ or <sup>by the</sup> ~~social~~ Insurance about non-compliance with the regulations must be directed to the Health Office. The Health Office is compelled to decide quickly on these complaints.
- (2) If the complaint is justified, the <sup>state</sup> ~~state~~ physician can give a warning to the physician or dentist. If the physician or dentist does not recognize the warning, or if the <sup>state</sup> ~~state~~ physician does not think a warning to be sufficient, then it will be up to the complaint committee to make a decision.

## Par. 6

- (1) The complaint committee is established for ~~the~~ <sup>under the jurisdiction</sup> district of the Health Office. It consists of one representative <sup>for</sup> each of the parties to this agreement, and is headed by the <sup>state</sup> ~~state~~ physician.
- (2) The complaint committee decides <sup>whether</sup> ~~whether~~ a warning <sup>shall be given</sup> or it <sup>issues</sup> ~~gives~~ a reprimand. Furthermore, it makes decisions regarding the responsibility of a physician or dentist who did not comply with the regulations or who mismanaged prescriptions or supplies, and it fixes the amount of their responsibility. In serious cases the complaint committee will take steps to let the Health Administration make the decision in accordance with the lawful regulations.
- (3) The decision of the complaint committee can be appealed to the appeal committee within one month after the decision has been received.
- (4) The appeal committee is established for ~~the~~ <sup>under the jurisdiction</sup> district of the Land Health Office. It consists of one representative <sup>for</sup> each of the parties to this agreement, and is headed by the chief of the Land Health Office or by a physician appointed by him.
- (5) Decisions are made without going through legal channels.
- (6) Only a functionary of the trade union can be a representative of a complainant. The process is carried out according to the regulations of the labor courts.

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Par. 7  
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- (1) The compensation for the services of privately practicing physicians consists of a ~~fixed~~ basic fee and individual fees according to compensation regulations as given in Enclosure/2. (Enclosure 2 is not available in its present form, and is <sup>further more</sup> too voluminous to be reprinted here.)
- (2) The basic fee is to be established according to the general extent and the type of activity performed by the physician. It is established after every quarter of a calendar year, for the ~~past~~ quarter, just past.
- (3) Regarding the individual fees, the physician must fill out the bill every quarter, and the bill must show the name of the <sup>patient,</sup> ~~the patient,~~ the diagnosis, ~~the treatment,~~ <sup>the treatment,</sup> and the fixed fees.
- (4) The physician receives monthly installment payments amounting to 30 percent of <sup>his</sup> ~~the~~ compensation ~~received~~ for the past quarter, provided his activity is of the same extent as it was in the past quarter.

Par. 8

- (1) Privately practicing dentists will be compensated for their activities for individual <sup>services rendered, on the basis of</sup> ~~services rendered~~ Section III of the compensation regulation of Enclosure No 2.
- (2) Dentists will make out a bill quarterly on the dental work done, which will show the name of the patient, the diagnosis, the work done, and data as to time and value. For this work the dentist will receive monthly installment payments amounting to 30 percent of <sup>his</sup> ~~the~~ compensation for <sup>the</sup> ~~the~~ last quarter, provided his activity is of the same extent as it was in the past quarter.
- (3) Additional group examinations and treatments of children and youths in school dental clinics and similar institutions, or in the <sup>dental offices</sup> ~~rooms~~ of the privately practicing dentists, will be compensated <sup>at the rate of</sup> ~~with~~ 9 marks per work hour.

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Par. 9

- (1) Privately practicing midwives will be compensated for their activities according to individual services <sup>rendered on the basis of</sup> ~~rendered~~ the compensation regulations for midwives <sup>in</sup> ~~of~~ Enclosure No. 3, by the competent Social Insurance Office.  
(Enclosure No. 3 is not yet available.)

- (2) Complaints about midwives who did not abide by the duty regulations for midwives must be directed to the Health Office. Procedure corresponds to Paragraphs 5 and 6.

Par. 10

- (1) To supervise the activity of, <sup>to</sup> ~~and~~ advise and aid physicians and dentists in carrying out their medical service, as well as to examine and pay the bills of the <sup>physicians mentioned</sup> ~~in~~ Paragraph 7 ~~mentioned physicians~~ and <sup>of dentists mentioned</sup> ~~the~~ in Paragraph 8, ~~mentioned dentists~~, the Trade Union <sup>for</sup> Health Service will establish one accounting office for physicians and dentists in every Land. Preliminary examinations will be carried out in examination <sup>ing</sup> ~~ation~~ offices to be established regionally. The activities of the accounting and examination <sup>ing</sup> ~~ation~~ offices will be checked by the Health Office and the Social Insurance.
- (2) An X-ray specialist, who will be ~~appointed~~ chosen by the Health Administration with the consent of the Trade Union <sup>for</sup> Health Service, will be employed by the accounting and examination office to reexamine X-ray services rendered.
- (3) If a physician or dentist does not recognize an objection of the accounting or examination <sup>ing</sup> ~~ation~~ office, then a decision will be made by the Land Office of the Trade Union <sup>for</sup> Health Service (work committees, physicians, or dentists). Complaints must be filed within a one-month period.

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## Par. 11

The needed quantities of

- (1) <sup>C</sup>Medications and other items required by physicians to <sup>make</sup> ~~make~~ diagnosis and to treat patients during office hours will be paid for by the Social Insurance. Physicians must request their requirements quarterly at the Social Insurance Office.
- (2) Examinations required for a diagnosis, as far as they are not performed by the treating physicians, and treatments required for physical therapy can be carried out only by the privately practicing physicians or institutions chosen by the Health Administration.
- (3) Only physicians and dentists who are in a position to conform with the regulations for carrying out X-ray service and X-ray repairs, as described in Enclosure No. 5, will be permitted to give X-ray services. Decisions <sup>on</sup> ~~about~~ these permits will be made by the Health Administration, ~~based~~ on the basis of a recommendation by the X-Ray Commission, <sup>which</sup> ~~will~~ use the questionnaire given in Enclosure No. 6 for this recommendation. (Enclosure Nos. 5 and 6 are not yet available.)
- (4) An X-ray commission will be established for <sup>the</sup> ~~a~~ district, <sup>under the jurisdiction of the</sup> ~~and~~ Land Health Office. It will consist of five physicians. Two of them will be appointed by the Trade Union <sup>for</sup> Health Service, the other three by the Ministry of Health, with the concurrence of the Social Insurance.

## Par. 12

Privately practicing physicians, dentists, and midwives, will be compensated for their additional activities in hospitals, university clinics, sanatoriums, medical institutions, health offices, or polyclinics, in accordance with the prevailing trade union contract for public health service.

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## Par. 13

For the payment of compensations to privately practicing physicians and dentists, the Social Insurance will make ~~the required funds~~ <sup>(the required funds)</sup> available from the budget plan in quarterly installments to the accounting offices. The amount of the installments will be fixed by the parties to this agreement. The maximum amount will correspond to the amount provided for by the budget plan for these services.

## Par. 14

- (1) Physicians and dentists are compelled to prescribe medications and other health items economically on the basis of the regulations ~~as~~ mentioned in Enclosure No. 4. (Enclosure No. 4 is not yet available.)
- (2) The manner of prescribing prescriptions will be examined by the payment ~~office~~ office, ~~based~~ <sup>basis of</sup> on the ~~medication~~ medication cost averages agreed on by the partners of the contract.
- (3) After repeatedly making uneconomical prescriptions, and after having received a warning, ~~the~~ physicians or dentists can be held liable for ~~the excess costs~~ <sup>the excess costs</sup>. If this is the case, the ~~amount~~ <sup>excess cost incurred</sup> by uneconomical prescribing will be deducted from the compensation to be paid to the physician or dentist.
- (4) The physician or dentist can file a complaint for this deduction to the complaint committee within one month.

## Par. 15

- (1) The parties to this agreement will get together as often as necessary, but at least once every three months, to examine the carrying out of the agreement.
- (2) They are compelled to make the necessary changes and additions to the agreement and its enclosures which will aid in the development and progress of <sup>the</sup> medical service.

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- (3) Contract committees will be established in ~~every~~ the Laender, which will meet whenever necessary.

## Par. 16

- (1) This agreement replaces the contracts between the Social Insurance Institutions and the Trade Union <sup>for</sup> Health Service regarding ~~the~~ medical (dental) ~~care for holders~~ of social insurance.
- (2) This agreement is valid as of 1 July 1951.
- (3) The agreement can be cancelled at ~~the~~ <sup>the</sup> end of ~~a~~ <sup>any</sup> calendar ~~year~~ <sup>quarter</sup> with ~~a~~ three months' notice.
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~~SECRET~~Enclosure No. 

Regulations for <sup>Private</sup> ~~Medical~~ Medical Service.

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## Par. 1

- (1) Every sick person who presents a health card, a treatment card from the Social Insurance, or a ~~referral~~ <sup>private</sup> card, ~~from a~~ /physician is entitled to free ~~medical~~ medical and dental service.
- (2) The physician or dentist must enter his name as the treating physician or dentist on the health card and also the date when his treatment began.
- (3) The physician is compelled to refuse treatment if, according to the health card, the patient has been treated by another/physician ~~during the same~~ <sup>privately practicing</sup> ~~quarter~~ or another institution (with the exception of an eye or skin doctor) during the same quarter and no special permission for changing the physician has been given by the competent Social Insurance Office or <sup>by</sup> any authorized local office. The same holds true for dentists.

## Par. 2

- (1) Every physician or dentist permitted to give <sup>private treatment</sup> ~~medical aid~~ is compelled to give his aid to the sick <sup>the best of</sup> ~~in accordance~~ to his ~~best~~ ability and his scientific convictions, within the framework of need and expediency.
- (2) If examinations ~~are~~ required for a precise diagnosis ~~which~~ cannot be carried out by the treating physician or dentist, then these examinations must be made by a privately practicing physician or dentist ~~who is~~ <sup>office</sup> chosen ~~by the~~ by the Health Administration, or by the nearest diagnostic ~~place~~ <sup>office</sup> chosen by the Health Office.

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- (3) Treatments necessary for physical therapy, as far as they cannot be given by the treating physician, can be given only by those privately practicing <sup>if</sup> ~~physicians~~ physicians or institutions permitted ~~to~~ <sup>to give them,</sup> by the Health Administration.
- (4) The physicians and dentists can employ suitable aides in accordance with the type and extent of their practice. Employment of same must be reported to the Health Office. Physician's jobs must be carried out by the physicians themselves.
- (5) If a physician or dentist cannot carry out his duties for personal reasons for more than one week, the Health Office will appoint a substitute.

## Par. 3

- (1) Office hours of physicians and dentists will be ~~ag~~ established in agreement with the Health Office.
- (2) The list of physicians, specialists, and dentists and their office hours (including Sundays and night duties) are to be published by the Health Office and posted at suitable public places.

## Par. 4

- (1) Patients who are excused from work and <sup>are</sup> capable of walking must be ordered office hours. to come only during ~~the hours of the office~~
- (2) The treating physicians and dentists must treat bed-ridden patients in their homes if such treatment will be sufficient for effective medical service, and <sup>if institutional</sup> ~~when stationary~~ treatments ~~are~~ either <sup>are</sup> not absolutely necessary ~~are~~ or <sup>are</sup> impossible.
- (3) Visits requested before the end of the morning office hours should be made during the same day if possible.

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- (4) Patients who can walk are not entitled to visits ~~to~~ <sup>from</sup> the physician or dentist.
- (5) With the exception of urgent cases, a patient cannot expect a visit from a physician or dentist who has not been treating him before only if no physician or dentist who lives closer to him is available. In this respect a distance difference of 2 kilometers is considered insignificant.
- (6) Physicians and dentists may refuse to make calls <sup>outside of</sup> their regular area of practice.
- (7) In urgent cases, especially if <sup>2 persons</sup> ~~one~~ life is in danger, every physician or dentist must give aid immediately.

## Par. 5

- (1) The treating physician or dentist can order a transfer to ~~special~~ <sup>institutional</sup> treatment.
- (2) In the above case he must say whether he <sup>is</sup> releasing ~~completely~~ the patient from his treatment, whether he thinks ~~his~~ additional treatment <sup>is</sup> necessary, or whether he only wants aid in performing a diagnosis.
- (3) If the patient wishes to change his physician or dentist without a <sup>release</sup> ~~release~~ from his present physician or dentist, then he needs the written approval of the Social Insurance office or its competent local representative. Except in urgent cases, treatment is to be refused without this approval.
- (4) If the patient, without a good reason, refuses to follow the orders of the physician or dentist, or if he continuously abuses the regulations for the sick, then the physician or dentist can refuse any further treatments, except in urgent cases. He must then immediately notify the Social Insurance office.

## Par. 6

- (1) If the health card (treatment card, <sup>referral</sup> ~~referral~~ card) is not presented by the

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patient during his first visit, then the physician or dentist must demand that it be brought to him within one week. If a health card (treatment card, ~~reference~~ <sup>reference</sup> card) is not presented, the physician or dentist may refuse free treatment, except in urgent cases.

- (2) If the physician or dentist thinks the patient is unable to work, or if he thinks a patient who was unable to work is now able to work, he must report this immediately to the Social Insurance office or its competent representative on the prescribed ~~form~~ form. The same holds true in cases of ~~an~~ occupational disease, <sup>or</sup> accident, or ~~is caused through~~ <sup>cases involving</sup> the guilt of a third person.

Par. 7

- (1) Physicians and dentists are compelled to give any necessary information regarding persons they have examined or treated to the Social Insurance office or the Health Office.
- (2) X-ray pictures and prints, as well as other examination data, will be loaned to the Health Office, the Social Insurance office, or other examining or treating institutions ~~upon~~ by the physicians or dentists if demanded.
- (3) In case of <sup>referrals,</sup> ~~transfers,~~ the physicians or dentists will simultaneously ~~immediately~~ forward <sup>an adequate</sup> ~~sufficient~~ examination report without being requested to do so.
- (4) Results of group examinations must be immediately reported to the office initiating these examinations.

Par. 8

- (1) Treatments, instructions, and orders, given by physicians and dentists must be materially and economically justified. Treatments which are not ~~x~~ required any longer must be refused. Written notes concerning a patient's inability to work, <sup>referrals,</sup> ~~transfers,~~ or suggestions for special healing methods, must be given <sup>only</sup> ~~only~~ with/consideration of all conditions involved.

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- (2) The physician or dentist must make brief notations (history) of the patient's health condition, ~~diagnosis~~ <sup>the</sup> diagnosis, <sup>the</sup> plan of cure, and the course of the disease. This is especially important if the patient is unable to work, ~~or~~ if an accident ~~was the cause~~ <sup>of disability for</sup> ~~in case of~~ <sup>occupational</sup> ~~professional~~ diseases or of epidemics. These notes must be kept for five years.
- (3) If the physician does not agree with the <sup>recommendations of the</sup> advisory physician of the Social Insurance, the doctor's commission of the Social Insurance will make the decision.

## Par. 9

- (1) Instructions must be given in accordance with the regulations decided on by the parties to this agreement. ~~These regulations are given~~ Forms provided for this purpose by the Social Insurance must be used.
- (2) Medications, bandages, chemicals, and other medical items needed by physicians during their office hours will be delivered to them from places chosen by the Social Insurance. Physicians are responsible to the Social Insurance for the proper use of these items.

## Par. 10

With the exception of Paragraph 2, Section 5, these regulations apply also to physicians and dentists who ~~perform~~ <sup>perform</sup> medical services in public health institutions, which supplement the private service.

Chief of the Dresden Office, Trade Union <sup>for</sup> Health Service

for Krahel (sign.)  
(in his absence) Richter

(sign.) Dr. MD, Martha Funk

Supplement to Circular No. 2/51, item 42, lectures ~~of~~ <sup>for</sup> advanced medical training:

18 April 1951, 1800 hours in the Johannstadt City Hospital.

Dr. Grecelius: Modern diet in the Johannstadt City Hospital;  
with inspection of the diet kitchen and practical demonstrations.

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Diagnosis and Therapy for Influenza

As a general rule, the incubation period for influenza is 1-5 days. The illness sets in suddenly with symptoms of chills, rise in temperature up to 39 and 40 degrees, headache, backache, and pains in the muscles and joints.

The most frequent form of influenza affects part of the upper ~~part of the~~ respiratory system. <sup>This</sup> ~~The~~ trachea-bronchitis is characterized by pains in back of the breastbone, signs of conjunctival irritation, redening of the rear pharyngeal wall, and slowing of the pulse beat. The blood count at first shows a considerable increase in white corpuscles, with relative increase in neutrophil leucocytes and a corresponding decrease in lymphocytes. At the beginning of the disease a short-lived influenza rash is occasionally observed.

A rarer form of influenza affects the gastro-intestinal system, and can be <sup>distinguished</sup> ~~differentiated~~ from the trachea-bronchitis type as an intestinal form. It is occasionally difficult ~~XXX~~ in diagnosing this form to differentiate it from paratyphoid, dysentery, and bacterial food poisoning.

The predominant symptoms in many epidemics are meningitic and encephalitic.

~~Even~~ <sup>A</sup> ~~the~~ person with <sup>even</sup> a slight case of influenza should be confined to bed so that complications are avoided and sources of contagion are reduced.

Sweating often brings relief, particularly at the beginning of the illness. However, it must be warned that with the application of too much heat in toxic conditions, there is danger of collapse.

Moderate doses of antipyretics and analgesics are indicated to alleviate backaches, headaches, and pains in the joints and muscles. Medicines of this type which are available are <sup>Algamon</sup> ~~Algamon~~ (Leuna), Dolosin (Heyden), Oramic (Byk), and Coffertylin (Heyden). Chest poultices, hot liquids, and a prescription of .03 codeine phosphate tablets <sup>10</sup> in the usual dosage are recommended ~~XXX~~ to relieve irritation from coughing.

The urgency and extent of medical <sup>3</sup> therapeutic treatment will be determined by signs of toxic symptoms in the cardiac and circulatory systems, reduction of blood pressure, tachycardia, pallor, cyanosis, etc. The toxic condition of a patient may prohibit his being moved because of the strain. Older persons, persons with ailments of the ~~XXX~~

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circulatory system, and pregnant women are particularly endangered.

In case of stoppage of circulation in the extremities, the following medicaments are available in sufficient quantities and are obtainable in all pharmacies:

1. Strychninum nitricum in packages of 10 ampoules of 1.1 cubic ~~XXXX~~ centimeter each, with a strychninum nitricum content of <sup>0.001</sup>~~1.001~~ or .003 per ampoule.

Strychninum nitricum can be injected several times daily. A single dose amounts to .001-.005; the maximum daily dosage is .01.

The individual degree of effectiveness of the medicine varies. A patient with a fever will tolerate a larger dosage. After the medicine is administered in which case it for several days, the cumulative effect can be dangerous, ~~XXX~~ is characterized by a slight stiffness of the masticatory and cervical muscles. The stiffness disappears upon discontinuing the drug.

2. Deumacard in ~~the~~ liquid form can be taken orally or by intramuscular injection, using ampoules of .1 content (if necessary, intravenous injections can also be given).

This medicine corresponds to Cardiazol (.1) in ~~its~~ its effect. It can be taken orally several times daily, or be ~~XXXX~~ injected intramuscularly. In the case of severe toxicity, a simultaneous ~~XXXX~~ treatment for the heart, with a dosage of strophanthin ( $\frac{1}{2}$  milligram 1-2 times daily), is recommended. In milder cases digitalis in the ordinary dosage can be administered for the heart condition. Strophanthin and digitoxin tablets, (a digitalis preparation), are available in sufficient quantities.

The accompanying diseases and sequelae which frequently occur with influenza, usually bronchitis or pneumonia, are caused by bacterial mixed infections and require the usual therapy with sulfonamide or, in cases where it is indicated, penicillin.

If sulfonamide is administered, the patient should be given a sufficient dosage distributed throughout the entire day and, simultaneously, he should consume ample amounts of liquids; also, the urine should be examined. Prontosil ~~is~~ is not indicated for influenzal infections.

The penicillin therapy is similar to the above treatment and is especially advisable for patients who cannot tolerate sulfonamides.

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If available, the quinine preparations Solvochin and Transpulmin are also suitable for special cases.

If complications ~~develop~~<sup>develop</sup>, the new strain on the heart and circulatory system should be watched. The patient is particularly susceptible to a relapse if

this convalescence has been ended prematurely. A prolonged convalescent period requires additional differential-diagnostic considerations: post-influenzal hypotonic condition; exudation; empyema; ~~activation~~<sup>activation</sup> of tuberculosis; and others.

~~The influenza virus~~<sup>It</sup> is practically impossible to ~~eradicate~~<sup>exert any influence on the influenza virus</sup> by medicinal means. Preventive measures cannot be relied on. Just as little can be done with medicaments, such as sulfonamide or penicillin, to prevent complications.

G 5/27 - Diagnosis and Therapy ~~XX~~ for Influenza

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